

5

A Critical Analysis of the Medical Compilations*

By far the most extraordinary phenomenon in the situation of science in ancient India remains at best cursorily discussed by the modern scholars. While steps were being taken by the ancient physicians and surgeons to move towards remarkable results, the most intense contempt was shown for them in the legal literature, called Dharmaśāstra. This contempt was already pronounced when the law-codes were taking distinct shape in the sixth or fifth century B.C.

There was nothing subtle about it. It was sheer raw hatred. Nor was any reason mentioned for it. The damnation of the doctors was simply decreed. It was declared over and over again that they were inherently impure—so impure indeed that their very presence pollutes a place; food received or given to them was said to be as filthy as blood and pus; in social status they were considered no better than the whores, hunters and followers of other despicable professions.¹ The obvious need of their services for society was acknowledged of course,² as was that of the followers of other so called mean professions. Because, however, the healers were supposed to be absolutely shorn of respectability it was prescribed that

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medical practice should better remain restricted to a caste which the law-makers were pleased to call the Ambaṣṭhas.³ The low status of these Ambaṣṭhas was sought to be established by imputing to them a fanciful origin—the mating of Brahmin males with Vaisya females, which therefore simply meant that they were bastards of some sort (*varna-samkaras*) in the caste norm.

The earliest law-codes are associated with such names as Āpastamba, Gautama, Vasiṣṭha and a few others. Modern authorities like P.V. Kane⁴ propose the date sixth or fifth century B.C. for them. And practically all of them can be quoted to illustrate the legal contempt for medical practitioners. But it will be tiring to quote them—the almost endless repetition of the arrogant assertion that a doctor cannot but be a dirty man. It may be refreshing instead to quote the doctors, for whom personal cleanliness is an essential requirement of their own profession. Here is how the *Caraka-saṃhitā* describes one fit for medical education:

He should be peaceful (*praśānta*) noble in disposition, incapable of any mean act (*a-kṣudra-karman*), with straight eyes, face and nose, with slim body, having a clean and red tongue, without distortion of teeth and lips, with clear voice (i.e. with voice neither indistinct nor nasal), persevering, without egotism, intelligent, endowed with powers of reasoning and good memory (*vitarka-smṛti-sampanna*), with broad mind (*udāra-sattva*), inclined to medical study either because of being born in the family of physicians or by natural aptitude, with eagerness to have the knowledge of truth (*tattva-abhiniveśin*), with no deformity of body and no defect of sense-organs, by nature modest and gentle, contemplating on the true nature of things (*artha-tattva-bhāvaka*), without anger and without addiction, endowed with good conduct, cleanliness, good habits, love, skill and courtesy (*śīla-śauca-ācāra-anurāga-dakṣya-pradākṣinya-upapanna*), desirous of the welfare of all living beings, devoid of greed and laziness (*alubdham analasam sarvabhūtahitaśiṇam*) and having full loyalty and attachment to the teacher. (iii. 8.8)

To this may be added from the *Suśruta-saṃhitā* the following description of the norm of the doctors:

He should be clean in his habits and well shaved, and should not allow his nails to grow. He should wear white garments, put on a pair of shoes, carry a stick and an umbrella in his hands, and walk about with a mild and benign look as a friend of all created beings, ready to help all, and frank and friendly in his talk and demeanour, and never allowing the full control of his reason or intellectual powers to be in any way disturbed or interfered with. (i. 10.2.B)

It is thus not at least in the norm of the medical man that one is allowed to sense so much filth which the law-givers impute to them. Evidently the filth is sensed elsewhere. From the legal point of view it is in their commitment to natural science. Here is an interesting evidence from Manu (x. 116) who is placed sometime between 200 B.C. and A.D. 200 and whose codification of the laws enjoyed the most widespread authority in the country.

According to Manu, certain modes of obtaining the livelihood are too derogatory to be normally allowed to the *dvijas* or members of the privileged classes. Only under exceptional conditions causing dire distress, the law-giver grudgingly allows the *dvijas* to go in for these. Their list, as given by the law-giver, is: *vidyā śilpam bhṛtiḥ sevā gorakṣam vipaṇiḥ kṛṣiḥ*, i.e. learning, crafts, wage-earning, servitude, cattleraising, shopkeeping, agriculture. Specially puzzling about this list is the item mentioned first, viz. *vidyā*, which means learning or cultivating some branch of knowledge. There is not much difficulty to understand why wage-earning, servitude, etc. are to be considered normally incompatible with noble birth. But what possibly is wrong about *vidyā* or learning, so that a *dvija* should be advised to avoid it normally, or to accept it only under conditions of dire distress? The commentators Medhātithi and Kullūka Bhaṭṭa naturally feel that some clarification is necessary about this point. The clarification offered by both is quite striking. The word *vidyā* or learning is to be understood here in a

specific sense. It is learning or 'discipline' in its non-scriptural or anti-scriptural form, i.e. in the form in which the physicians, logicians, poison-removers, etc. understand it. As Kullūka Bhaṭṭa very pointedly says: *vidyā vedavidyā-vyatirikta-vaidyatarka viśāpanayana-ādi-vidyā*—"by learning is meant here those specific forms of learning which are different from the learning of the Vedas, as for example the kind of learning cultivated by the physicians, logicians, poison-removers, etc."

Two points about this clarification need specially to be noted. First, the kind of learning the physicians cultivate is not only characteristically different from scriptural learning but also derogatory from the standpoint of the latter. Hence, though people of noble birth are encouraged to cultivate learning in the scriptural sense, they are under normal conditions forbidden to study medicine. This is in full agreement with what the law-givers elsewhere declare: persons with noble birth must not go in for medicine. Secondly, to the general class of learning considered derogatory from the scriptural standpoint belong—along with medicine—certain other disciplines, two of which are specially prominent. These are learnings or *vidyas* in the sense in which the logicians and poison-removers are specially concerned. There may not be anything odd in the mention of the poison-removers along with the physicians, because poison-removing is considered an important part of the ancient medical technique. But why is the mention of the logicians in the same context? There is only one answer to this. In the law-giver's understanding, medicine and logic are very closely related. Here, at any rate, the law-giver's thesis is not fanciful. The physicians themselves fully approve of it. Accomplishment in logic is a necessary prerequisite for medical studies. At the same time where the law-givers differ from the physicians must not be overlooked. The former detest logic and this for the simple reason that an excessive indulgence in logic encourages heresy or the tendency to question the scriptures. Assuming therefore that the

commentators like Medhātithi and Kullūka Bhaṭṭa do not misunderstand Manu, we may see in the law-giver's declaration some indication of ideological considerations involved in the otherwise unexplained contempt for the physicians.

Precisely because it is apparently so quaint that the contempt for the healers is in need of fuller exploration. The main clue to it is to be found in the nature and source of the Dharmaśāstras. Though professing to have absolute authority in matters concerning the law of the land, this literature originates in the priestly corporations and has the primary purpose of validating the ideal of the hierarchical society—an ideal of which the priests are the main theoretical custodians. The requirements felt for the purpose go flatly against those considered indispensable by the physicians for the defence and development of natural science. Hence is the tension between Dharmaśāstra and Āyurveda.

Let us try to have a fuller idea of the former first.

In these works, as Kane⁵ shows, the word *dharma* already acquires the sense of "the privileges, duties and obligations of a man, his standard of conduct as a member of the Aryan community, as a member of the castes, as a person in a particular stage of life." The discussion of all these necessitates the clarification of many topics that belong to law in the later restricted sense. Some of these are: "the peculiar duties of the four castes, the responsibilities of the king, taxation, sources of ownership, treasure-trove, guardianship of minor's wealth, punishments for libel, abuse, assault, hurt, adultery and rape, theft in the case of several *varṇas* and rules about moneylending and usury and adverse possession, special privileges of Brāhmaṇas as to punishments, payments of debts, deposits, rules about witnesses, falsehoods when excusable," etc.

Had the *Dharmasūtras* been concerned only with topics like these, they could have been considered "law literature" in our sense. But the fact is that over and above the discussion of all these, the texts also prescribe—usually with greater

zeal—rules about many practices which more properly belong to the context of the religio- ritual techniques in which the ancient priests are most keenly interested.

Therefore, though in the course of time the *Dharmasūtras* acquire absolute authority in legal matters, they actually represent Indian law still bound by the umbilical cord as it were with the ancient priest-craft from which these are born. As Winternitz puts it,

The *Dharmasūtras* originated in the closest association with the literature of rituals (*Vedāṅgakaḥ*). This association with the literature of rituals is still wholly manifest in the *Dharmasūtras*. Hence they are neither mere collections of rules, nor pure lectures on jurisprudence; but they, with predilection, deal with the religious duties of man. They form the constituent elements of religious and Vedic literature. They, exactly as the old manuals, had sprung up in the Vedic schools and were written by Brahmins, priests and scholars for the purpose of imparting instruction and were not written as codes for practical use in the courts of law.⁶

Thus, what comes down to us as law- codes of ancient India does not embody laws in the secular sense. These have their origin in the priestly manuals concerned mainly with ritual techniques and come down to us as completely dominated by the aims and aspirations of the ancient priest-class. Indian legal literature retains this character throughout its subsequent career. Much that is discussed in it are frankly the components of the religio-ritualistic complex and even what are declared in these as laws in the comparatively later sense remain under the commanding influence of this complex. Thus, in short, beginning from its earliest career of incomplete emancipation from the religio-ritualistic complex, Indian law-codes remain throughout their subsequent career under the spell of the ideology or manner of viewing things characteristic of the ancient priests.

Since the science policy of the Indian law-givers is the direct outcome of this ideology, we shall have to take note of some of its prominent features for a proper understanding

of the law-givers' contempt for the physicians. For this purpose, we shall have to move backwards from the law-codes to the vast prose literature called the *Brāhmaṇas* and also to the *Yajurveda*, which are the earliest literary records of the class-conscious priests formulating their ideological requirements.

The earliest priestly manual par excellence is the *Yajurveda*. It takes an all-absorbing interest in the priestly rituals, called *Yajña*. In doing this it shows a very decisive turn in the Vedic tradition itself. However strongly it may be contested by the Brahmanical orthodoxy, this decisive shift in the Vedic tradition is so palpable that it can be questioned only by totally disregarding the actual Vedic texts. For our present discussion we are interested in this shift mainly in so far as it concerns the attitude towards the doctors.

For understanding the nature of this changed attitude, we have to begin with a few words on the place of the healers and healing technique in the *Ṛgveda*.

An entire hymn of the *Ṛgveda*⁷ is in praise of the healing herb or *oṣadhi*. The poet to whom it is attributed is mentioned as "the seer called physician, son of the Atharvans"—*atharvaṇaḥ putrasya bhiṣaknāma ārṣam*. We quote in rough rendering only two verses from it:

Oh bright herbs, you are like the mothers. In your presence I promise to offer to the physician cows, horses, clothes and even myself...

The wise physician is one round whom the herbs gather, in the way in which the chiefs gather round the king in the war-council. He wages war on sickness in all forms.

Can this "seer" of the Veda, remembered in the Vedic tradition by the name physician, really see a distant future in which the law-giver like Manu, while pretending to have the highest reverence for the *Ṛgveda*, goes to the extent of declaring that the physician is so impure that even food offered to him becomes filthy as pus and blood? Evidently, whatever may be the source of this contempt for the

physician, it has no sanction in the ancient poetry of the *Ṛgveda*. There is in other words something palpably dishonest about the law-givers in so far as they want to justify their laws on the authority of the *Ṛgveda*. The fact on the contrary is, as I have elsewhere tried to show in some detail,⁸ that the really ancient songs that remain compiled in the *Ṛgveda* are totally unaware of the hierarchical society and therefore also of any ideological need to justify it with the contempt for the techniques and the technicians, to which healing and the class of healers belong.

The analogy used in the hymn just quoted is undoubtedly archaic. So also is the mythological imagination in terms of which medical practice is often eulogised in the *Ṛgveda*. What concerns our present discussion, however, is the fact of eulogising it rather than the way in which that is done.

Some of the famous Vedic gods are specially praised in the *Ṛgveda* because of their skill in medical practice, or more simply for being outstanding physicians.

Rudra is invoked as the ablest of the physicians. "I have heard that you are the ablest of the physicians": *bhiṣaktamam tvā bhiṣajām śṛṇomi*.⁹ The same hymn specially praises the hands of Rudra with which he prepares medicines for all: *Kva sya te rudra mṛlāyakuh hastah yaḥ astibheṣajah jalāsaḥ*—"Oh Rudra, where are your beautiful hands with which you prepare medicines benefiting all?"¹⁰ In another hymn, the same god is praised as lording over all the medicines that exist on earth: *yaḥ viśvasya kṣayati bheṣajasya*.¹¹

Among the physician-deities of the *Ṛgveda* is included Soma, who treats the ailing ones on earth: *bhiṣakti viśvam yat uram*.¹²

Varuṇa is eulogised as possessing a hundred *bhiṣajah*, which, as interpreted by Sāyaṇa, means either a hundred medicines or a hundred physicians: *śatasamkhyāni auśadhāni vaidyā vā santi*.¹³ Along with Mitra, Varuṇa is connected with Soma and this in the sense of medicine of the ailing.¹⁴

Water—deified in Vedic imagination—is specially praised as containing remedies or medicines: "In the waters

exists ambrosia, in the waters exist all medicines (*apsu bheṣajam*). Let the sages be prompt in praise of waters. I am told by Soma that all the remedies exist in the waters (*apsu me somaḥ abravīt antaḥ viśvāni bheṣajā*).¹⁵ In the custody of the All-gods (*Viśvadeva*), water becomes the healing agent or medicine: *āpaḥ it vā u bheṣajih āpaḥ amīvacātanah/āpaḥ sarvasya bheṣajih tāḥ te kṛṇvantu bheṣajam*—"Water itself is medicine: water causes the cure of diseases; water is medicine for all diseases. Let that water act as medicine as administered to you."¹⁶ In the same song wind or air is also eulogised as blowing in beneficial medicines.¹⁷

A song in praise of the Maruts says, "Oh dancing Maruts, with bright plates decorating your chests, men are moving towards you desiring your friendship. . . Oh Maruts, you are beautiful and magnanimous friends of ours, bring your medicines for us. . . Oh Maruts with beneficial rituals, aware as you are of medicines that exist in the Sindhu, in the Asiknī, in the oceans and mountains—bring all these for the welfare of our bodies and instruct us in their use for curing sickness. Oh Maruts, cure those that are sick among us and remove their physical imperfections."¹⁸

Many more examples like these may be easily quoted from the *R̥gveda*. But that is not necessary. It is necessary only to note that all these do not represent any trend of stray thought in this vast collection of ancient hymns. These represent instead an important feature of the general theoretical temperament of the ancient poets which they express by way of eulogising their deities for the superb skill in medical practice or for being directly or indirectly connected with the healing agents. There is no doubt that this poetry is basically of the nature of wish-fulfilment on the part of the people with only rudimentary control over nature and as such it will be wrong to expect from it any impression of a sophisticated medical science. Indian medicine has indeed to develop a great deal in order to reach the stage represented by the *Caraka-saṃhitā* and *Suśruta-saṃhitā*. But that is a different point. What we are concerned

with at present is not the stage of development of medicine but *the attitude to it*. If the ancient hymns show that medicine has yet to cover a long course to be anywhere near the stage it attains in the classical compilations, these also show that the contempt for it characteristic of the law-codes of later times is not even remotely foreshadowed in these early songs. The reason for this seems to be that these songs or hymns are not the products of the hierarchical society and are hence without the need of an ideology more interested in controlling man than struggling with nature, an ideology of which the science-policy of the law-givers—specially their damnation of medicine—is the outcome.

If the earlier strata of the Vedic literature want us to correlate the absence of the hierarchical aspiration with the absence of an attitude that proves hostile to medicine, the comparatively later development of the same literature indicates a positive correlation between the presence of the two. When we move forward from the ancient hymns of the *Ṛgveda* to the comparatively later works belonging to the same literature, we see one of the most amazing transformations in ancient Indian history. Just as there emerges the hierarchical norm on the ruins of the early Vedic one still full of the memory of the collective tribal life, so also there emerges a new theoretical temper on the ruins of that of the early poets—a theoretical temper completely under the grip of the hierarchical aspirations, or, in the language of the *Brāhmaṇa* texts, the aspirations of the “lordly power” in collusion with the “holy power”. From these aspirations follow the contempt for medicine and its practitioners. This contempt assumes indeed a very dramatic form, inasmuch as the priests of the later Vedic literature find it obligatory for themselves to degrade and denounce some of the ancient gods, and this on the specific ground of their medical past.

The gods thus degraded and denounced are the *Aśvins*, who are physicians par excellence in the ancient Vedic mythology. We begin with some idea of their status in the *Ṛgveda*.

"Next to Indra, Agni and Soma," observes Macdonell, "the twin deities named the Aśvins are the most prominent in the *R̥gveda* judged by the frequency with which they are invoked. They are celebrated in more than fifty entire hymns and in parts of several others, while their name occurs more than four hundred times."¹⁹

Of their prominent qualities in the *R̥gveda*, it is impossible to miss two. They are most "wonderful" and they are by nature "opposed to falsehood". The two most distinctive and frequent epithets of the Aśvins are *dasra*, 'wondrous', which is almost entirely limited to them and *nāsatya*, which is generally explained to mean 'not untrue' (*na-asatya*).²⁰ Their aversion for untruth is indeed so fundamental that in the *R̥gveda*, *Nāsatyas* is freely used as an alternative proper name for them. Like many other gods, they are frequently described to have very great wisdom.²¹ But the distinctive feature of this wisdom—like their wonder-works—appears to be their great knowledge and skill in medicine.

This is crucial for understanding the special glory of the Aśvins in the mythological imagination of the early poets. We have just seen how in this mythology various gods are praised as superb physicians. Rudra, Soma, Varuṇa, Mitra, Ap, Maruts, Dyāvāpṛthivī, Viśvadevas and others are variously connected with medicine and its practice. Compared to the Aśvins, however, their connection with healing appears to be secondary. In Vedic mythology, the Aśvins are the greatest of the physicians. When the gods themselves are in need of medical help, they have to rush to the Aśvins. And so do the mortals, for whom the Aśvins are dearest specially in the capacity of healers.

The Aśvins are addressed as the physicians of gods—*daivya bhiṣaja*, which Sāyaṇa interprets as *deveṣu bhavantau cikitsakau*, "You two, who are the doctors of gods."²² They also cure the diseases of all the suffering mortals.²³ It is because of this that they are so dear to the gods and men, in fact to everybody. As the refrain of one of the songs in praise of these "wonderful physicians" (*dasra bhiṣaja*) puts it, "May

our friendship with you be never snapped; may we be freed from diseases": *mā naḥ vi yauṣṭam sakhya mumocatam*.²⁴ The grand physicians, as the poets so intensely feel, are also the dearest friends of all.

A number of hymns of the *Ṛgveda*²⁵ describe the most "wonderful" feats of the Aśvins. They rejuvenate the old, effect safe and painless delivery, give an artificial limb to one who has lost it, cure the burns, heal the wounds caused by leopards, etc. Along with all these, the poets tell us how compassionate they are. "The story most often referred to is that of the rescue of Bhujyu, son of Tugra, who was abandoned in the midst of the ocean... The sage Rebha, stabbed, bound, hidden by the malignant, overwhelmed in the waters for ten nights and nine days, abandoned as dead, was by the Aśvins revived... They delivered Vandana from calamity and restored him to the light of the sun, raising him up from a pit in which he lay hidden away as one dead... They succoured the sage Atri Saptavadhri who along with his companions was plunged in a burning pit by the wiles of a demon... The Aśvins even rescued from the jaws of a wolf a quail which invoked their aid... They befriended Ghōṣā when she was growing old in her father's house by giving her a husband."²⁶ And so on.

The details of all these legends—like those of the obviously legendary accounts of the surgical and medical feats of the Aśvins—need not be taken at their face value. This is mythology, not history. Still, historically speaking, all these are not irrelevant, because they are undoubtedly indicative of a historical fact, viz. the general trend of the ancient Vedic thought. The poets dream of the model physicians as endowed not merely with the most wonderful medical skill and knowledge but also with a very strong compassion for all—a compassion that makes them the friendliest of all friends. To these the poets add that they have the firmest commitment of truth (*nāsatya*).

The level of medical knowledge and technique in the *Caraka-saṃhitā* and *Suśruta-saṃhitā* is understandably much

higher than we can possibly expect in the ancient Vedic period. But at least a section of the later doctors seem to remain inspired by the image of the ancient Áśvins—a composite image of skill and wisdom combined with the commitment to truth and compassion for all.

In the *Yajurveda*, however, it is all different. The Áśvins are censured precisely for the reason for which the ancient poets of the *R̥gveda* go ecstatic over their glory. The gods have to atone for their medical past in order to regain a place in the holy order approved of by the later priests. These priests moreover leave nothing vague about the need felt for censuring them. It follows clearly from their hierarchical aspirations. Medical practice demands of the ancient Áśvins far more commitment to democratic values than can possibly be tolerated by the social norm which the priests are so anxious to validate. Bloomfield is about the only modern scholar to note this point. As he puts it, medicine is condemned in the *Yajurveda* because “the practice entails promiscuous, unaristocratic mingling with men”.²⁷

Accordingly, the *Yajurveda* formulates the rule in so many words that a Brahmin must never practise medicine. If therefore the later law-givers have any Vedic sanction for their condemnation of the physicians and their science, it is to be found in the *Yajurveda*. But the point is that the *Yajurveda* itself has to flout the more ancient Vedic values for the new purpose of condemning the physicians. In short, compared to the ancient times, the priests have a different ideological temper altogether. This temper proves inimical to medicine, i.e. to the ancient discipline with the greatest science-potentials because of its commitment to certain values found irreconcilable with the hierarchical norm.

Of the two main versions of the *Yajurveda*—viz. the *White Yajurveda* and *Black Yajurveda*—the second one is preserved for us in a number of recensions. One of these is called the *Taittirīyā-saṃhitā*. We shall quote this first, because the priestly contempt for medicine and its practitioners is very clearly expressed in it. The context in which it is expressed is

an apparently peculiar legend, according to which *Yajña* or the sacrificial ritual was itself once in need of medical attention, because "its head was cut". The legend occurs also elsewhere in the Vedic literature and some of the modern scholars have tried to discuss its possible significance.²⁸ More important for our purpose than this legend is the sacrificial formulas in the context of which the *Taittirīya-saṃhitā* reiterates this legend. As one of these sacrificial formulas, the text²⁹ quotes a scrap of a *Ṛgvedic* verse³⁰ though, as Keith³¹ shows, in a somewhat corrupt form. It invokes the *Aśvins*: "...Oh *Aśvins*, come hither to drink this *soma*". The *Yajurveda* prescribes that this *Ṛgvedic* scrap is to be recited as an appropriate incantation at a certain stage of performing the *Soma* sacrifice. But the texts of the *Black Yajurveda* give us not merely sacrificial incantations or formulas; to these are also added explanatory comments, which eventually become the special theme of the *Brāhmaṇa* texts. As an explanatory comment like this on the ritual use of the *Ṛgvedic* scrap, what the *Taittirīya-saṃhitā* says is startling. In rough rendering, it is as follows:

The head of the sacrifice was cut.

The gods said to the *Aśvins*: 'You are the physicians. Repair (replace) the head of the sacrifice. (The *Aśvins* seem to bargain for the medical service requisitioned).

They replied, 'Let us choose a boon. Let there be a libation for us also herein. (The implication evidently is that in this *Soma* sacrifice the *Aśvins* are normally supposed to be denied of any share.)

(The gods agreed to this.) They drew this libation for them—for the *Aśvins*.

Then indeed did they (the *Aśvins*) repair the head of the sacrifice. In that (the libation) for the *Aśvins* is drawn; (it is) to restore the sacrifice.

The gods said of these two: 'Impure are they, wandering among men as physicians.'

Therefore, a Brahmin must not practise medicine, for the physician is impure—unfit for the sacrifice.

Having purified them (the *Aśvins*) by the *Bahiṣpavamāna* (stotra), they drew for them this libation for the *Aśvins*. Therefore, the libation for the *Aśvins* is drawn when (the purifying) *Bahiṣpavamāna* (stotra) has been sung. Therefore, by one who knows thus the *Bahiṣpavamāna* should be performed; verily he purifies himself.³²

Let us first try to be clear about the implications of this remarkable passage.

It is of the nature of a didactic or theological discourse on the ritual use of a morsel of a *Ṛgvedic* text. Read in its actual context, it gives us the obvious impression of a simple and unqualified admiration for the *Aśvins*, which is characteristic of all the *Ṛgvedic* hymns mentioning them. But the theological discourse of the *Taittirīya-saṃhitā* proposes to amend it. The reason for this proposed amendment is not that the *Aśvins* suffer any loss of their wonderful medical skill; the real reason on the contrary is that they are supposed to retain it. In other words, in the later priestly view, the *Aśvins* remain excellent physicians—so excellent indeed that the gods have to approach them for healing the injured *yajña*. In this, the later priestly view continues to be the same as that of the ancient poets or “seers” of the *Ṛgveda*. Where the priestly view breaks away from the older one is another point. There is obviously something wrong—something polluting—about the *Aśvins*, because of which they do not normally qualify themselves to receive the sacrificial share, as do the other gods. In the priestly way of thinking, bargaining is the normal thing to do. In accordance with this, in the priestly theology the *Aśvins* are made to make a bargain, flouting again the *Ṛgvedic* spirit in which they cure the sick, moved only by the compassion and love for all. In the *Yajurveda*, the *Aśvins* agree to render the medical service only on condition of being allowed a sacrificial portion. The other gods have to agree to this, though with some obvious reluctance. They are allowed the sacrificial share only after undergoing some process of ritual purification, i.e. after what the text calls purification by the *Bahiṣpavamāna-stotra*.

But what exactly is so wrong about these two ancient gods, so that they can be entitled to the normal status of the other gods only after being properly purified? This question is crucial for our present discussion. So also it is for the *Yajurveda* priests, who want to leave nothing vague about their answer to it.

The text says:

The gods said of these two: Impure are they, wandering among men as physicians (*tau devā abruvan apūtau vā imau manuṣyacarau bhiṣajau iti*).

To remove any possible uncertainty about the priestly norm, the text adds:

The physician is impure, unfit for sacrifice. Therefore, a Brahmin must not practise medicine (*tasmāt brāhmaṇena bheṣajam na kāryam, apūtaḥ hi eṣaḥ amedhyah yaḥ bhiṣak*).

All this is most astounding. I am not aware of anything comparable to it anywhere else in world literature. The twin-gods, once eulogised in the mythological imagination of the Vedic people for their medical skill, are later declared as degraded precisely on the same ground. Such has been the calamitous consequence for natural science of the development of the hierarchical society and the zeal to eulogise its aspirations.

The same contempt for the ancient twin-gods, the Aśvins, runs through the *Brāhmaṇa* literature and—evidently for mass consumption—reiterated in the *Mahābhārata*. In the *Dharmaśāstras* it was unnecessary to reiterate the mythology of the gods. What was retained in these is only the crude contempt for medicine and its practitioners, senseless though it may appear to us.

Already in the passage quoted from the *Yajurveda*, we have some hint of why the priests were so annoyed with the healers—an annoyance which it knew to express mainly in terms of impurity and pollution. The healers were supposed to be intrinsically impure because their practice required of them the commitment to the democratic norm. Or, as

Bloomfield puts it, to that of the unaristocratic mingling with men. Democracy was understandably the limit that the spokesmen of hierarchical aspirations could tolerate.

But there was more in the law-makers' denunciation of the physicians and surgeons. There were a number of reasons that prompted the law-makers, to take such a negative attitude to the medical science and its practitioners. We may note here some of these that are quite on the surface. Thus:

For the safety of the hierarchical society the law-makers felt that a number of restrictions were better enforced on the behaviour-pattern of the masses which, irrespective of their intrinsic worth, could keep them under the spell of superstition. Superstition had the acknowledged efficacy of keeping men under control. Of such superstitions, one of the most widely known is the reverence for the gods and Brahmins along with the allegedly holy animal, the cow (*deva-go-Brāhmaṇa*)

The makers of rationalist medicine, by contrast, were much too committed to their ideal of curing the sick to remain crippled by such injunctions. From this point of view they could perhaps be somewhat indifferent to the questions of having any reverence for the deities and Brahmins. But the question of the cow was a different one altogether. They observe with as much rigour as is possible for them that it has very definite medical efficacy. The beef, like certain other varieties of meat, is thus a must in their medical prescription for certain diseases. In doing this they are however confronted with a problem no doubt. Being fully aware of the fact that the religious, aesthetic and other considerations of the patient are likely to make him so intensely averse to these meats that even if he is forced to take them he was only likely to vomit these out.

What then is to be done? The answer suggested in the *Caraka-saṃhitā* is remarkable. To be a successful physician, one had to be a really good cook—so good indeed as to make the meat preparation to be passed as a vegetable one. This is bluffing the patient no doubt or telling him a lie. But that

does not matter. The only concern of the doctor is to cure the patient. That is the medical ethics for rationalist medicine. The question of truth and falsehood in their abstraction is one outside the interest of rationalist medicine.

All this appears to be quite extraordinary specially in the ancient Indian context. We may thus go in for some textual data showing how the *Caraka-saṃhitā* puts the points. The first question obviously is:

What are the specific qualities of the cow's flesh? Ātreya answers: "The flesh of the cow is beneficial for those suffering from loss of flesh due to disorders caused by an excess of *vāyu*, rhinitis, irregular fever, dry cough, fatigue, and also in cases of excessive appetite resulting from hard manual work."³³

For patients suffering from emaciation due to pectoral lesions is recommended barley-meal with either the milk or meat-juice of the cow, buffalo, horse, elephant and goat (*gomahiṣi-aśva-nāga-ajaiḥ kṣiraiḥ māmsarasaiḥ tathā*).³⁴ Some diseases are viewed as due to the excess of *vāyu* in the body and since the cow's flesh is considered greatly beneficial in disorders due to excess of *vāyu*,³⁵ the meat-juice of the cow—like that of various other animals—is recommended as a cure for these. "The meat-juices of iguana, fox, cat, porcupine, camel, cow, tortoise and pangoline should be prepared like vegetables and cooked *salī*-rice may be given with meat-juices for the relief of *vāyu*."³⁶

Since those suffering from consumption are badly in need of adding flesh to their bodies and since the physicians think that the cow's flesh—like that of the other animals belonging to the *prasaha* class—is promotive of flesh and plumpness,³⁷ they freely recommend it for the consumptive patients, along with a number of alternatives to it. "The flesh of peacock, partridge, cock, swan, hog, camel, ass, cow and buffalo are greatly promotive of flesh."³⁸

Thus notwithstanding the systematic effort of the law-givers to boost veneration for the cow—to declare that slaughtering the cow is a sin causing the loss of caste³⁹ and

therefore demanding a prolonged penance⁴⁰—the genuine physicians in our medical compilation appear to remain unconcerned. What interests them is a different point altogether: it is only the food-value of the cow's flesh, like that of the flesh of various other animals, for they think that the most important factor determining health is food.

This being a fundamental proposition for the physician, he has no scope to introduce any religious or other consideration into his view of food.

But there is a problem for the physician in recommending for the patients all sorts of flesh, their medical efficacy notwithstanding. He is fully aware of the possible strong disgust in the patient for at least some of these, provoked by the patient's religious, aesthetic or other sentiments. The revulsion for such flesh may be strong enough in the patient to lead him either to stubbornly refusing these or even to vomiting these out if forcibly administered. What, then, is to be done by the physician?

The answer given in the *Cikitsā-sthāna* immediately before what is already quoted—i.e. the recommendation of the flesh of swan, hog, camel, ass, cow, buffalo, etc.—is remarkable. The physician as physician is interested only in one thing, and that is the cure of the patient. If, therefore, it is essential for the patient to eat some flesh, the physician has to work out a certain tactical method by which to lead the patient to overcome his religious or aesthetic revulsion against these. When necessary, such a tactical method may include deliberate deception or sheer fluff. It is thus not any absolute fidelity to traditional morality that makes one a model physician. What makes one so is also the occasional capacity to lie—though obviously in the patient's interest.

The entire discussion of this in the *Cikitsā-sthāna* needs to be quoted here, for it has considerable theoretical interest for understanding the position of the real physician in the *Caraka-saṃhitā*. What concerns him is medicine and medicine alone. If therefore there is any direct clash between medicine and morality in its abstract sense, the physician as physician

cannot help choosing the former. For him there is no clash between scruple and medicine, for the real scruple that he is aware of is that of curing the patient. As the *Caraka-saṃhitā*⁴¹ puts it:

For the emaciated consumptives continuing to lose flesh, the physician skilled in dietetics should prepare well-cooked dishes of meats of carnivorous animals. To the consumptives must be given the peacock's flesh and—in the name of the peacock's flesh—the flesh of vultures, owls and blue jays properly cooked in prescribed manner. In the name of partridge, give the flesh of crows; in the name of the snake-fish, give the flesh of snakes; in the name of intestines of fish, give fried earth-worms. In the name of rabbit-flesh the physician may give dressed meats of fox, large mongoose, cat and jackal-cubs. For increasing the flesh in the consumptive patient, the flesh of lion, bear, hyena, tiger and similar carnivorous animals may be given in the name of the flesh of deer. For promoting the flesh of the patient, the meats of elephant, rhinoceros and horse—well-seasoned with spices—should be given. The flesh of birds and animals that have grown plump on flesh diet is an excellent flesh-increasing food. Being acute (*tīkṣṇa*), hot (*uṣṇa*) and light (*laghu*) it is specially beneficial. Those fleshies that are considered unpleasant by the patient because he is not used to them should be given to him with deceptive names. Then he readily takes these. But if their real nature be known, these will either not be eaten at all out of revulsion, or, even if eaten, will be vomited out. Hence these must be disguised and given under a false name.

Can a physician—with a medical scruple as strong as to declare all this—be prevented by religious or other scruples to recommend the flesh of the cow in cases where he is convinced of its medical efficacy? The fact is that the real physician in the *Caraka-saṃhitā* shows no such inhibition. Immediately after the discourse on the need of occasionally deceiving the patient with false names of the meats served to him, we read the recommendation of the cow's flesh to the consumptive patient, along with the suggestion of various

alternatives to it, like the flesh of the hog, camel, ass, buffalo, etc.

All this does not mean that the *Caraka-saṃhitā* shows any special fad for beef-eating, as some of the social reformers of nineteenth-century Bengal wanted deliberately to cultivate it as part of their struggle against superstition. From the medical view-point such a fad would be as a-scientific as the taboo against beef. Though without any inhibition against it, the text is also without any unscientific enthusiasm for it. As far as the ancient doctors understand, beef is not easily digested and, in this sense, undesirable among meats, just as wild barley is among grains furnished with awns, black gram among pulses, river water of the rainy season among waters, etc., etc.⁴² But this is a medical view of undesirability and has nothing to do with the religious taboo against beef. When medically necessary, therefore, the doctors consider it a must for certain patients.

We have mentioned here only one example of how the medical ethics of the *Caraka-saṃhitā* came into open confrontation with the demands of the law-makers. Many more examples like this can be quoted from the medical compilation.

But the confrontation of rationalist medicine with the political requirements of the law-makers seems to become sharpest when the former argues in defence of the intrinsic efficacy of medicine. This has been argued at length in the *Caraka-saṃhitā*, and in the course of this argument, our medical compilation speaks of four and just four factors of medicine: the physician, the substances (used as drugs and diets), the nursing attendant and the patient. While explaining the essential qualifications of these, what rationalist medicine completely scraps by overt implications is the law of *karma*. This, from the viewpoint of the Dharmaśāstra is the limit of audacity, because the law of *karma* forms the indispensable assumption for justifying the hierarchical society which the entire corpus of the legal literature is intended to justify.

Here therefore was the real rub. The Dharmaśāstra is nothing if not a defence of the hierarchical society. Rationalist medicine, again, is nothing if not a defence of medical science. What then can the law-makers do but to condemn rationalist medicine and its practitioners?

To sum up the discussion so far: Judged in its ancient context the step towards rationalist medicine was about the most spectacular one in the history of science in ancient India. In the same context, however, it was a very risky step. The risk involved was frankly political. In defence of their own political philosophy supposed to ensure safety of the caste-divided society the law-makers cannot but come out sharply against the doctors.

What then do the doctors do in defence of their science? From the medical compilations in their present form the presumption is that they—or at least those through whose hands the compilations eventually passed—tried to evade the censorship of the law-makers by way of paying heavy ransom to the demands of the latter. Thus we read today in the *Caraka-saṃhitā* of the absolute validity of the Vedas, the defence of the theory of *karma*, the damnation of the heretics, long eulogy to the ideal of *mokṣa*, not to speak of sundry superstitions like the reverence of deity-cow-Brahmin and what not. It would be tiresome to quote passages of the *Caraka-saṃhitā* to illustrate all these. To any reader of the text the points are obvious. These leave us to wonder as to why such concepts should at all be there in a work on medical science, particularly when there are innumerable other works specialising in the discussion of all this. At the same time these cannot be purposeless. The purpose cannot obviously be medical which is motivated exclusively by the cure of the patients. It can thus be only extra-medical. But what kind of extra-medical purpose can all these ideas and attitudes possibly serve, specially when we find them embodied in the medical text? The answer seems to be that in spite of going flatly against rationalist medicine these do help

rationalist medicine by way of being used as a protective crust for the science.

It follows from what is argued that everything embodied in the extant compilations cannot be taken as indicative of genuine rationalist medicine. As a matter of fact, it is impossible to have a coherent idea of Āyurveda if all that we read in the medical compilations are taken at their face value. On the contrary, any proper understanding of rationalist medicine requires of us the discrimination between what is intrinsic and what is extrinsic to it in the compilations as finally codified.

However, what is at once necessary for such a discrimination is the criterion for the purpose. Lest however the criterion accepted should run the risk of being subjective—or motivated by the personal preference of the modern investigator—it is safe to seek for it within the *Caraka-saṃhitā* itself. When we do so, we cannot but feel surprised by the extraordinary circumstance that with all the alien grafts of ideas and attitudes on the compilation, it somehow retains a clear pointer to a very sound criterion for distinguishing what is extrinsic and what is intrinsic to rationalist medicine in it.

To begin with, let us note the account of a medical colloquium in the *Caraka-saṃhitā* (i.12.9f). In this, a certain Vāryovida expounds an anthropomorphic view of wind as the ultimate principle governing everything. But another medical authority, Marīci, leaps to the attack: "Even if all these were true, what is the point in saying or knowing these in the medical discipline? Whatever is said here must be said strictly in accordance with the requirements of medicine." Thus, in short, what interests the physician is medicine and medicine alone. Anything without strict relevance for medicine is to be rejected as irrelevant for medical science, irrespective of the question of its truth or otherwise from the non-medical standpoint. We have in this bold protest of Marīci against Vāryovida's metaphysics a glimpse of the criterion by which to judge what is intrinsic and what is

extrinsic to medical science in our extant medical compilations. Lest this should be ignored as being based on a mere isolated statement of an individual doctor, we shall note here how his point is being variously reiterated in the *Caraka-saṃhitā*.

One chapter of the *Caraka-saṃhitā* (iii.8) which formulates the model of a medical treatise, finds it necessary to go also into great detail of the methodology of medical discussion. In the course of this, it explains certain fallacies resulting from the violation of the norm of right discussion. Two of these are specially relevant for our present purpose. One is called *adhika* or redundancy a form of which is irrelevance. The other is a particular form of the fallacy of contradiction or *viruddha*. Both these fallacies are included in the final list of what is technically called *nigrahassthāna* or "point of defeat" (iii.8.65). One committing any such fallacy forfeits one's right to medical discussion.

What, then, are the two fallacies?

The fallacy of irrelevance (*adhika* in one form) is illustrated as follows: *yat vā āyurvede bhāṣyamāṇe bārhaspatyam auśanasam anyat vā yat kiñcit apratisambandhārtham ucyate*. "Thus, for example, while discussing medical science, to quote the authority of Bṛhaspati, Uśanas, or to cite anything which is not strictly relevant to the subject-matter of medicine" (iii.8.54). Uśanas—like Bṛhaspati in this particular context—is supposed to be a renowned authority of political science and jurisprudence in ancient India. But though considered authoritative in their own fields, it is only by committing the fallacy of irrelevance that one can quote them in a medical discussion, for the simple reason that such a discussion is supposed to be restricted to medicine and medicine alone. A statement, even though authenticated by some otherwise exalted persons, is not to be allowed in medicine unless it has positive medical significance. Let Uśanas and Bṛhaspati enjoy their authority in their own fields. Since, however, what they say is medically irrelevant, a doctor is not allowed to

cite their authority in the medical discussion. Such a dictum can be formulated only by those who have strict fidelity to their own science.

The fallacy of contradiction or *viruddha*, as the *Caraka-saṃhitā* wants us to understand it, has three forms, resulting from a statement contradicting any of the following: (1) the instance (*drṣṭānta*) cited in favour of it, (2) the conclusion (*siddhānta*) which it intends to establish, and (3) the specific context (*samaya*) in which it is made: *viruddham nāma drṣṭānta-siddhānta-samayaiḥ viruddham* (Ib.). Of these three, we are specially interested here in the last, viz. the fallacy of contradiction resulting from a statement going against its own context or *samaya*. The *Caraka-saṃhitā* wants to be quite specific about it:

Context, again, is threefold. These are: (1) the context of medical science, (2) the context of ritual sacrifice, and (3) the context of the doctrine of liberation.

Among these, the context of medical science. (A statement relevant for it, is:) 'Medical science depends on four factors, (viz. the physician, substances used as drugs, etc. nursing attendant and the patient).

The context of ritual sacrifice. (A statement relevant for it is:) 'The sacrificial animal is to be slaughtered by the yajamāna' (or one who gets the sacrifice performed).

The context of the doctrine of liberation. (A statement relevant for it is:) '(One must practise) non-violence to all living beings.'

A statement becomes contradictory when it is made in violation of its own specific context. (Ib.)

The examples are carefully chosen. It is essential for the sacrificial context to state that the sacrificer must slaughter the sacrificial animal. It is equally essential for the context of the doctrine of liberation to state that one must practise total non-violence. Thus the essential proposition of one context, if allowed to be mentioned in that of another, results in flat contradiction. However, the genuine physician is interested in neither of these two contexts. He is interested only in

safeguarding the integrity of his science. For this purpose, he is formulating the general rule that in medical science no proposition is to be allowed which does not belong to the strictly medical context.

Still, the way in which the fallacy of contradiction resulting from the confusion of contexts, as illustrated in the text, has its own interest. It is the way in which the physician is trying to defend the integrity of his science against the possible intrusion of it by counter ideology. *No proposition belonging to the context of ritual or that of mokṣa is to be allowed in medicine.* But these two contexts of ritual and liberation represent the two branches of Vedic orthodoxy, generally called its *karma-kāṇḍa* and *jñāna-kāṇḍa*. Sacrificial ritual is the be-all and end-all of the former, liberation that of the latter. To resist the invasion of medical science by Vedic orthodoxy, the physicians require the general rule of excluding the possible confusion of contexts. In substantiation of the rule, they remind the doctors of the two main branches of Vedic orthodoxy and of the fatal consequence of confusing these with medicine. Thus the way in which the physicians illustrate this amounts to the assertion that, for the sake of self-consistency, medical science has to avoid Vedic orthodoxy as a whole. Significantly, apart from the context of strict medical science, the text speaks only of two other contexts—the ritual-context and liberation-context, i.e. *karma-kāṇḍa* and *jñāna-kāṇḍa*. Propositions belonging to either of these two are not to be allowed in medicine.

The physicians seem to reiterate the dictum, in the course of which they find it necessary also to come out with a defence of the essentially rationalist attitude. As it is put in the *Caraka-saṃhitā*:

In a colloquium (*vāda*, meaning 'debate') of the physicians, they must move strictly within the limits of medical science and must not digress to anything else (*vādastu khalu bhiṣajām pravartamāno pravarteta āyurveda eva, na anyatra*). The propositions and counter-propositions on all the topics covered by it are to be clearly and cogently worked out. Every

statement made must be based on a clear and careful understanding of these. Medical discussion is to allow no proposition which is irrelevant, unauthoritative, uninvestigated, without any practical significance (*asādhaka*), confused and without a general applicability (*avyāpaka*). Every proposition must be substantiated by reason (*sarvam hetumat brūyāt*). Only those propositions that are substantiated by reason and are untainted by any other consideration, prove useful for therapeutic purpose, because such propositions alone help intellect to be broadened (*praśasta-buddhi-vardhakatvāt*) and only uninhibited intellect (*anupahata-buddhi*) leads to the successful culmination of an undertaking. (iii.8.67)

Here then we have a definite criterion for determining what is intrinsic and what is extrinsic to rationalist medicine in the two grand compilations in their present form. Medical science is concerned with four and specifically four factors: the doctor, the substances used (as drug or diet), the nursing attendant and the patient. The qualifications essential for each are also specified. The discussion of something connected with these are intrinsic to medical science. By contrast, any topic unconnected with these—however much may be their importance in philosophy, religion and traditional morality—are extrinsic to medicine. One has therefore to scrap all these for the purpose of forming an idea of the real theoretical fundamentals of rationalist medicine.

With this clarification of the contents of the *Caraka-saṃhitā*, we may now pass on to the question of its possible dating.

We have already seen why any hope to date the text by accepting an individual authority bearing the proper name Charaka is at best questionable. For the purpose of dating the formation of the essential doctrinal content of our compilation, we have to look elsewhere. It is perhaps to be found in the *Vinaya-piṭaka* of the Buddhists which the Buddhists themselves "place at the head of the canon."⁴³ An entire section of it, called *bhesajjaka*, is devoted to the discussion of medicaments. The way in which this discussion

is introduced is extremely relevant. The Buddha is reported that certain monks of his order (*samgha*) have fallen sick, are advised by the doctor to take some substances as curative agents and the Buddha is asked if the taking of such substances would be consistent with the codes of conduct of the monastic order. Except for human flesh, the Buddha allows everything, though specifically for medical purposes. The entire discussion is remarkable, specially when we note that the wide range of curative agents recommended are only natural substances which is strongly reminiscent of the essential point of *yukti-vyapāśraya bheṣaja* of the *Caraka-saṃhitā*—i.e. therapy based on the use of natural substances as diet or drugs rather than resorting to spells, charms, amulets, etc., the characteristic of *daiva-vyapāśraya bheṣaja*. The entire section of the *Vinaya-piṭaka* is totally unaware of spells, amulets, etc.

It needs to be noted in this connection that the Buddha, having as he did scant respect for the Brahmanical law-makers, was not in the least influenced by their contempt for medicine. On the contrary, many passages in the early Buddhist literature shows his pronounced enthusiasm for medicine. Besides, there are extensive legends about his close friend Jīvaka, the grand physician of Buddhist India, the whole of which could hardly grow out of nothing.

We do not have the scope here to go into the detail of all these. The question of the Buddha and medical science seems to form the theme of comprehensive research. There is already a view according to which the Buddha was profoundly influenced by the medical science while formulating the fundamentals of his own teachings. Such a possibility cannot be rejected outright.

What we have been discussing here is, however, a different point. It is the possible dating of the theoretical fundamentals of rationalist medicine. Early Buddhist sources indicate that this took place sometime before the Buddha. Whatever may be the date of the codification of the early Buddhist canons, it would obviously be impermissible to

question the basic fact that these do embody the Buddha's teachings. Thus, in short, the steps to rationalist medicine were presumably taken sometime before the Buddha.

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